

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 13-JUL-2018		TIME 0340	ADDRESS OF OCCURRENCE 7150 W HIGGINS AVE CHICAGO, IL 60656	LOCATION CODE 304	BEAT/OCCUR. 1613	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET	ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE					
	EVENT NO. 01905		RD NO. JB347481	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: PAPV <input type="checkbox"/> VAN/BUS	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
	INVOLVED MEMBER	RANK 9161	LAST NAME RIALMO	FIRST NAME ROBERT	EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	AGE 4	HT. 601	WT. 225
		DATE OF APPT. 05-OCT-2012	UNIT & BEAT OF ASSIGN. 376	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
	SUBJECT INFORMATION	LAST NAME [REDACTED]		FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. 1988	HT. 507	WT. 155
		ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Mental Illness / Emotional Disorder				
		MEDICAL TREATMENT? <input checked="" type="checkbox"/> Relused Medical Aid <input type="checkbox"/> Offered/EMS Requested		Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Performed by CFD EMS	SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input checked="" type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal					
	SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DNA	<input type="checkbox"/> VERBAL THREATS	<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY) <input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE)	WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. DESCRIBE BELOW:				
<input type="checkbox"/> UNK		<input type="checkbox"/> STIFFENED (OEO WEIGHT)	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON	<input type="checkbox"/> BLUNT OBJECT	<input type="checkbox"/> KNIFE/CUTTING	<input type="checkbox"/> EXPLOSIVE DEVICE			
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> PUSH/PUSH/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> CHEMICAL WEAPON	<input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> OTHER (DESCRIBE)			
<input type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	<input type="checkbox"/> TASER/STUN GUN	<input type="checkbox"/> REVOLVER	<input type="checkbox"/> RIFLE			
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> SHOTGUN				
<input type="checkbox"/> OTHER (DESCRIBE)										
					WEAPON/OBJECT PERCEIVED AS:					
					WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint					
					<input type="checkbox"/> DNA	<input type="checkbox"/> Used - Attempt to Attack Member	<input type="checkbox"/> Obtained Member's Weapon			
					<input type="checkbox"/> Possessed	<input type="checkbox"/> Used - Attacked Member				
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> DNA	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO	OID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?	<input type="checkbox"/> NO IF YES, IDENTIFY MANNER OF ATTACK?	<input type="checkbox"/> OF SHOT/Shot At	<input type="checkbox"/> Struck/Blunt Force (Including Attempt)				
	<input type="checkbox"/> UNK	<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder	<input type="checkbox"/> Disturbance - Man with a Gun <input type="checkbox"/> Disturbance - Other	<input type="checkbox"/> Pursuing/Arresting Subject	<input type="checkbox"/> Slabbed/Cut (Including Attempt)	<input type="checkbox"/> Other (Including Verbal Threats)				
	<input type="checkbox"/> PNK	<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop	<input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative	Charge: _____	Charge: _____	IUCR CODE: _____	IUCR CODE: _____			
	<input type="checkbox"/> UNINT	TYPE OF ACTIVITY?	<input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon	<input type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional						
	<input type="checkbox"/> UNINT	REASON FOR RESPONSE?	<input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon	<input type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional						
	<input type="checkbox"/> UNINT	FORCE MITIGATION EFFORTS					CONTROL TACTICS			
	<input type="checkbox"/> UNINT	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE	<input type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OTHER				
	<input type="checkbox"/> UNINT	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER	<input type="checkbox"/> WRISTLOCK	<input type="checkbox"/> PRESSURE SENSITIVE AREAS	<input type="checkbox"/> EMERGENCY HANDCUFFING				
	<input type="checkbox"/> UNINT									
	WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS						
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input type="checkbox"/> OTHER	<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER	<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN			
*AUTHORIZED BY (NAME)		RANK	STAR NO.	UNIT NO.						
NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE	WEAPON SERIAL NO.	WEAPON CERT. NO.						
DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		OID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER	WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON							
WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN							
TASER DISCHARGE ONLY		TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ONA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCENOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

AFTER A VERBAL ALTERCATION INSIDE TEASER'S PUB, R/O LEFT TO GO TO TACO BURRITO KING. R/O WAS AGAIN CONFRONTED BY OFFENDERS ON THE STREET WHERE A VERBAL ALTERCATION ENSUED. ONE SUBJECT SHOUTED, "IM A CVL BITCH". ONE OF THE OFFENDERS KEPT ADVANCING TOWARD R/O, MAKING PHYSICAL CONTACT WITH R/O. IN AN ATTEMPT TO STOP HIS FORWARD ADVANCEMENT ON R/O, R/O TOOK OFFENDER TO THE GROUND TO CREATE DISTANCE AND ALLOW R/O TO GET AWAY FROM OFFENDER AND AVOID ATTACK.

R/O NOTIFIED OEMC BY CALLING 911 AND ASKING FOR A BEAT CAR TO SIGN COMPLAINTS FOR RECEIVING BATTERY.

REPORTING MEMBER (Print Name)
RIALMO, ROBERT

STAR/EMPLOYEE NO.
15588

[REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?
<input type="checkbox"/> None / None Apparent	<input checked="" type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other

<input type="checkbox"/> UNK WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED			
WITNESS STATEMENT						

REVIEWING SUPERVISOR: COMMENTS
INVESTIGATION ON-GOING, CL # OBTAINED.

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

1090215

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) MARTINEZ, BENNY	STAR NO. 1274	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-JUL-2018 0735
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 13-JUL-2018	TIME 0340	ADDRESS OF OCCURRENCE 7150 W HIGGINS AVE CHICAGO, IL 60656	EVENT NO. 01905	RD NO. JB347481	
	RANK 9161	MEMBER LAST NAME RIALMO	MEMBER FIRST NAME ROBERT	EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	CHARGE [REDACTED]
	SUBJECT LAST NAME [REDACTED]	SUBJECT FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. 1988

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject [REDACTED] stated that his brother had words in a bar with off-duty P.O. Rialmo. Shortly thereafter, Subject stated that off-duty P.O. Rialmo approached and started yelling at Subject and his brother. The Subject stated that he was trying to diffuse the situation and keep his brother separated from off-duty P.O. Rialmo, when Rialmo struck him in his mouth, drawing blood. The Subject stated his brother recorded the incident on his cell phone.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

R/LI conducted the interview in the 016 district report room. Prior to conducting interview, R/LI viewed BWC of responding officers and a video taken by [REDACTED]. R/LI observed a small cut and swelling on the right side of subject [REDACTED]'s mouth. R/LI viewed video taken by subject's brother and observed off-duty P.O. Rialmo being held back by [REDACTED] P.O. Rialmo grabbed [REDACTED] at the shoulders and behind the head and pulled him forward and down while stopping past [REDACTED] struck his face on the ground. R/LI did not see P.O. Rialmo throw a punch. P.O. Rialmo believed himself to be the subject of an assault after being identified as a police officer.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE ACCOUNTABILITY (IPA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
 1090215

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN
 REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR
 REVIEW DEPARTMENT DIRECTIVES

LIEUTENANT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

HAYNES, DAVID J

458

13-Jul-2018 0930